

TCE Public Health Mini-Grant Obesity Prevention Plan

Mendocino County Public Health Branch of the

Mendocino County Health & Human Services Agency

Part A

Background and Needs

The Mendocino County Public Health Branch (PHB) of the Mendocino County Department of Health and Human Services Agency (HHS) has selected an overarching goal of **creating community environments that prevent obesity and improve health outcomes throughout the community, focusing on our client base which is low-income and approximately 20% Latino**. The mechanism to accomplish this goal is the new HHS Agency Community Health Strategic Plan¹.

Internal Agency goals of the Plan include:

- Infuse prevention, healthy lifestyle promotion, and disparity reduction throughout the HHS Agency.
- Create a Health Education & Chronic Disease Prevention Unit that will leverage funds and resources to engage in broad community-based prevention and policy work in addition to coordinating efforts of health education programs.
- Institute training on reduction of disparities as part of being culturally competent.

Community-wide goals include:

- Assure that all Mendocino County residents have opportunities to eat healthy foods
- Assure that Mendocino County residents of all ages have opportunities to achieve and maintain an appropriate level of physical activity
- Assure that Mendocino county residents thrive in a family-friendly environment for all ages, cultures and diversities
- Empower all people living in Mendocino County are to meet their basic needs, with special attention to the most disadvantaged members of the county. These basic needs include: affordable housing, living wage employment, immigrant rights, access to health care, opportunity to live a healthy lifestyle, and living in a safe, clean and healthy environment
- Improve public health outcomes through changes in the built environment

The Community Health Strategic Plan's Measures of Success lay out epidemiological data on health status, and the Rationales give reasons for addressing root social determinants of health. Plan objectives target sectors including neighborhoods and communities, employers, schools and youth programs, as well as government agencies. More detail is provided below under Activities and Action Steps, and in the Logic Model for Mendocino County Obesity Prevention Plan at the end of the narrative.

Rationale and Community Needs Data

The poverty rate in rural Mendocino County has consistently been higher than the state average. In 2000, 15.9% of Mendocino County residents were in poverty compared to 14.2% across California (US Census Bureau, 2000). People with low incomes suffer disproportionately high

¹ The Plan is not yet approved by the Board of Supervisors, but goals and objectives have been approved by Agency directors, supervisors, and managers. It is scheduled to go before the Board in March 2008.

rates of chronic diseases, and statistically receive lower quality medical care, though they have greater medical needs. Mendocino County also has a higher rate of death from diabetes than the state average: 22.1 per 100,000 population versus 20.7 per 100,000 statewide (State Department of Health Services & California Conference of Local Health Officers, 2003). A review of the heights and weights of several hundred children that received health check-ups at major pediatric provider offices in the County through the CHDP Program (under 200% of the federal poverty level) revealed that more than half the children's body mass indices were above the 85th percentile. According to estimates from the California Health Interview Survey (CHIS, 2007), Mendocino County is 6th in the state for high rates of food insecurity, with 10% of adults living in food insecure households in 2005 (compared to 8.4% across the state).

The vast rural geography of our county creates disparities in access to resources. It also results in dependence on motorized transportation rather than walking or biking to reach destinations.

In addition to a Latino population of approximately 20% (the 2003 census rate of 15.8% is certainly an undercount), Native Americans make up about 5% of the population (4.3% according to the census), and Asians 1.6% (from census figures). Our priority populations in this Plan are the low-income of all races that utilize Agency services, those living far from sources of fresh fruits and vegetables and opportunities for daily physical activity, and the burgeoning sector of Mexican immigrants that become less healthy as they assimilate. However, many of the changes we intend to make should lead to improved health in the community as a whole, and for County employees.

Social and Environmental Inequities

The Board of Supervisors adopted the Precautionary Principle Administrative Policy in 2006, after the Public Health Advisory Board, staff, and the community mobilized to support it. The Policy is a framework for decision-making that requires the selection of the alternative that presents the least potential threat to human health and the county's natural systems (see www.mendoprecaution.org). The Policy states, "Where threats of serious harm to people or nature exist, lack of full scientific certainty about cause and effect shall not be viewed as sufficient reason to postpone cost-effective measures to prevent the degradation of the environment or protect the health of the public." The Precautionary Principle Procedure and the accompanying Public Participation Guidelines both require identification by county agencies of specific outreach that will be conducted to seek input from "affected minority, low-income and non-English speaking people."

An HHSA Cultural Competency Committee formed in 2006. The Committee developed a Cultural Competency Plan for the Agency in 2007. The Plan's goals are: to build cultural capacity through the development of policies, procedures, programs and actions that are culturally inclusive, and communicate a respect for the dignity of all people; to provide cultural competency training, coaching, and mentoring for HHSA staff that will allow them to build their cultural competencies and provide services that are culturally appropriate; and to advocate for justice for all HHSA stakeholders.

The Community Health Strategic Plan calls for the creation of a *Promotora* program for Latina women to mobilize their neighborhoods and educate their peers about chronic disease prevention. We also plan to assess density of fast food, junk food, alcohol and tobacco outlets by income and ethnic majority of neighborhood, as a basis for advocacy to use zoning tools to limit

these products or places of business. Root causes of poor health and inequities are the focus of the objectives of the Strategic Plan goal of Community Vitality.

Public Health Capacities, Collaboration with Partners and Accomplishments

Public health assets include a priority on obesity prevention in the existing Public Health Strategic Plan, an understanding in Public Health leadership of the importance of the public health population-based model, a dynamic breastfeeding promotion program (Loving Support), a County Employee Wellness Program (with healthy meeting guidelines), and the Maternal, Child & Adolescent Health program has selected obesity prevention as one of its top two priorities.

Expertise includes experience with school policy development around nutrition and physical activity, and training in land use planning, as well as connections with land use planners and experience educating on the link between community design and health.

Since 2002, PHB has coordinated a Nutrition & Activity Collaborative bringing together schools, Head Start, American Cancer Society, Nuestra Casa Latino Community Center, food banks, co-operative grocery store staff, students and others to strategize and act to improve nutrition and physical activity indicators.

The Public Health Advisory Board (MCPHAB) was created in 1995 as a mechanism to bridge the gap between the community and public health. MCPHAB advises the Board of Supervisors on health-related issues, and to help PHB create policies that improve the overall health of residents. MCPHAB is composed of 19 members who represent the geography and diversity of County residents.

PHB was awarded a Partnership for the Public's Health (PPH) grant from TCE from 2000-2004. Through PPH, PHB created sustainable partnerships with the communities we serve, in order to develop more effective and responsive public health systems. The nonprofits Gualala Action Network, Laytonville Healthy Start and the Willits Action Group were each funded to develop partnerships with PHB to address broad-based needs, utilizing a prevention framework to define strategies.

PHB was selected as one of 9 national demonstrations sites to implement Mobilizing for Action through Planning & Partnerships (MAPP). Through MAPP, 51 leaders across the County participated in a two-year strategic planning process that defined factors that influence the health and quality of life of the community health system.

Through the Children's Health Initiative, PHB partners with health centers and community based organizations to promote access to children's health insurance.

PHB contracts with Nuestra Casa, a Latino community center, to provide prevention, intervention and treatment services such as youth and family prevention activities, education and support groups, parenting groups, assessments, substance abuse and crisis counseling, and diversion programs. PHB also provides Nuestra Casa with technical support funds to plan for a *Mercado* to house Latino-run and Latino-serving businesses.

An Asthma Coalition with members from the community and the PHB is forming to educate and get active around environmental, lifestyle and built environment triggers of asthma.

With funding from the PHB's tobacco settlement funds, a coalition of community food security and localization groups have put together a Local Food Guide to link producers with consumers.

In addition to the above partners, PHB works collaboratively with Community Action Coalitions, the Youth Project, the AIDS Volunteer Network, the Billy Foundation, Healthy Start, North Coast Opportunities, homeless shelters, child care providers, arts organizations, parent organizations, school districts, and tribes.

Meetings with more than 30 representatives of community-based organizations over the last year identified several major requests that community members have of the Health and Human Services Agency. They include partnering with community based organizations, providing them with grant writing, training and technical assistance, providing transportation, childcare and other auxiliary services for clients, adequate training for Agency staff regarding available community services and on working with mentally ill people, increasing outreach, information and referral services, and finally, creating "one-stop shops" to integrate disparate service provision by CBOs and Agency branches. The Department of Public Health has been urging County administration to provide integrated services at "one-stop shops" for many years. Public Health leadership joined with directors of community organizations to shepherd the construction of the Willits Integrated Services Center, which opened in 2004 and houses Public Health, Alcohol and Other Drug Program, Mental Health, and Social Services as well as several nonprofit organizations.

Staff Training and Restructuring

PHB brought Donnell Ewert, Director of Shasta County Public Health, to Mendocino County to discuss Shasta County's restructuring, specifically their Chronic Disease and Injury Prevention Unit, their new classifications such as Community Organizer, Community Development Coordinator, and Built Environment Specialist, their emphasis on prevention and on driving their funding, hiring and grant application decisions on the priorities of their evidence-based Strategic Plan. He came in the context of a PHB committee examining health education and developing suggestions to create a Chronic Disease Prevention and Health Education Unit.

A new position we hope to replicate in other outlying areas has a staff person stationed at the Cultural and Recreation Center in a Latino neighborhood of Ukiah to act as a "Navigator" of community services and programs for neighborhood residents.

Staff has been trained in the Communities of Excellence method of assessing neighborhood-level indicators of healthy environments such as access to fresh fruits and vegetables, advertising for healthy vs. unhealthy products, sidewalk adequacy, and transit availability. We hope to start collecting data on community indicators in February 2008.

One staff member has completed a Certificate in Land Use & Environmental Planning from UC Davis Extension, and the PHB has been awarded mini-grants for work on Local Public Health & the Built Environment from the Center for Physical Activity in 2006 and 2008.

The Agency is in the process of creating an epidemiologist position. Part of the scope of work for this new position will be to collect data on health disparities and chronic diseases, as well as assisting with assessments of community conditions such as density of fast food vs. fresh produce, etc.

A major part of our transition to an Agency from three separate branches of Social Services, Public Health, and Mental Health, is to transcend programmatic silos, better leverage funds, and provide improved, seamless services to the public. Agency leadership is actively looking at ways to reorganize to better attain Agency goals.

Public Health Capacities to be Improved

- A. Increasing Health & Human Services Agency staff's competence in implementing environmental approaches to improving nutrition and physical environments
- B. Conducting an assessment of community programs working on obesity prevention to identify gaps and then allocate resources accordingly to address these gaps
- C. Formalizing data collection and monitoring
- D. Utilizing Health Impact Assessments
- E. Working with the private business sector

The bulk of the capacities we hope to strengthen are financial ones. They include:

- F. Integrating funds, services and expertise from each of the existing categorically funded programs related to nutrition and physical activity
- G. Assessing the total dedicated health department funding allocated to improve nutrition and physical activity
- H. Developing an Agency-wide budget for obesity prevention efforts
- I. Understanding the percentage of total funding that is prioritized to meet the needs of low-income and at risk populations
- J. Identifying the amount of funding available from all possible sources and seeking ways of integrating these funding sources to support environmental approaches to obesity prevention
- K. Leveraging public health categorical dollars with private funds and other public agency funding to support community obesity prevention efforts

Proposed Implementation Plan

Our work is characterized by a public health approach that seeks to promote wellness in entire populations through primary prevention (preventing health problems before they occur) with a strong commitment to community participation. A fundamental principle of our approach is that health problems are not solely caused by individual choices, but by community conditions and systems. The Institute of Medicine has declared “public health is what we, as a society, do collectively, to assure the conditions for people to be healthy” (1988, p. 19). Our emphasis for improving health is to support policies, community environments and cultural norms that are conducive to healthy behaviors.

The Community Health Strategic Plan contains the “Elements of an Effective Process” put forward by the Prevention Institute in their recent report on chronic disease prevention (Flores, Davis & Culross, 2007). It presents a vision for community health, focuses goals based on key opportunities, fosters collaboration based on relationships between sectors, selects key indicators, establishes accountability, makes a commitment to data source development, and promotes ongoing community input.

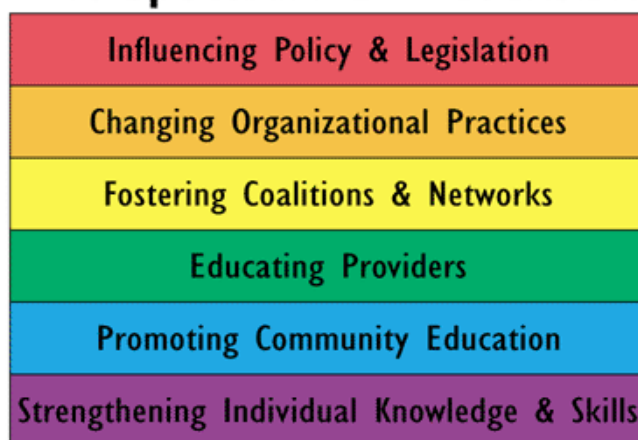
As stated in the preface to *Tackling Health Inequities Through Public Health Practice: A Handbook for Action* (National Association of County & City Health Officials, 2006, p. vii), “Social justice has always been a major philosophical underpinning of public health because

much of the etiology of disease is rooted in social conditions.” It is these social conditions, or social determinants of health, which we seek to improve in this plan.

Furthermore, we believe, following Maslow’s Hierarchy of Needs, that people cannot focus on healthy eating and physical activity until their basic needs of shelter, food and drink, sleep, safety and warmth are met (Maslow, 1943).

The objectives we have chosen to pursue, and the strategies we will employ to pursue them are based on the Spectrum of Prevention developed by Larry Cohen (1983). The Spectrum is a guide to coordinated action on many societal levels that combine to advance preventive health.

The Spectrum of Prevention



Why Have We Chosen This Approach?

Poorer people have substantially shorter life expectancies and more illnesses than the rich. Low-income people usually run at least twice the risk of serious illness and premature death of wealthy people. The unemployed, many ethnic minority groups and subgroups, disabled people, immigrants and homeless people are at high risk of poor health (Wilkinson & Marmot, 2003).

People die earlier in American states and cities where income inequality is higher. Level of education and race also correlate strongly with health and longevity: people with less education and people of color tend to have poorer health, though there is great variation among individuals within all of these categories (Deaton, 2002).

The built environment – the design of our streets, homes, businesses and neighborhoods – affects public health indicators including rates of heart disease, stroke, some cancers, diabetes, injuries, asthma, bone health, family violence and mental health. When people suffer from unaffordable or inadequate housing, they are at higher risk for ailments such as lead poisoning and respiratory illnesses due to mold or poor indoor air quality. In addition, residents paying unaffordable housing costs often divert resources from other important areas such as family health care, food and transportation.

The Task Force on Community Preventive Services has evaluated peer-reviewed studies and found more than two hundred community-based interventions that can improve social environments and health (ZaZa, Briss & Harris, 2005). We have drawn from recommended strategies to improve neighborhood conditions, educational opportunities and capacity

development, community development and employment opportunities, social cohesion, health promotion and disease prevention.

In the area of the built environment, meta-studies of interventions to promote physical activity found that street-scale urban design and land use changes, and community-scale urban design and land use changes lead to an increase in physical activity, as do community-wide campaigns, school-based PE, and enhanced access (to sidewalks, bike trails, etc) with outreach. Researchers found insufficient evidence to conclude that classroom-based health education alone leads to an increase in physical activity (Centers for Disease Control & Prevention, 2005). What works is to create environments that make it easy to choose to be active, then educate and motivate people to use those environments.

The value of implementing population-based prevention programs, including creation of healthy environments and availability of healthy foods, has been endorsed by the Institute of Medicine (2003) and the Health Partners Research Foundation (Maciosek et al., 2006) in a study sponsored by the Centers for Disease Control and Prevention.

Goals & Action Steps

Relevant sections from the Strategic Plan delineating how we will infuse prevention, healthy lifestyle promotion, and disparity reduction throughout the HHS Agency and the wider community include:

Community Health Infrastructure

Goal 1: The Mendocino County HHS Agency has the capacity to efficiently use resources to promote all aspects of wellness in county populations through a community health approach.

- A. Align staff infrastructure and capacity to support and develop programs that promote wellness and prevent chronic disease in county populations.
- B. Reduce health disparities in low-income communities.
- C. Reduce disparities in access to services within HHSA.
- D. Support programs working to provide affordable comprehensive mental and physical health care for all.
- E. Develop an HHSA clearinghouse of information and resources regarding community health.
- F. Develop a Healthy Communities program to coordinate efforts to create healthy environments and promote healthy lifestyle choices.
- G. Provide resource development for programs to promote wellness, including grant research and preparation, across HHSA branches and other collaborating agencies in the county.
- H. Enhance partnerships with other government agencies, community based organizations and businesses to provide coordinated services that are client-driven, strength-based and culturally competent.
- I. Provide clients of the HHSA with formalized opportunities to actively participate in Agency decisions that affect their lives.
- J. Recruit, grow and train a culturally and linguistically competent, diverse workforce.
- K. Establish a Chronic Disease Prevention Unit.
- L. Work with the Employee Wellness program to prevent obesity within the County workforce through education, policy and employee culture change

Action Steps

- A1. Assess existing programs within and outside of the Agency that promote community wellness.
- A2. Assess Agency staffing and capacity for nutrition promotion activities including advocacy, resource development, data analysis, research and outreach.
- A3. Pool existing funding and staffing capacity.
- A4. Base funding, program and hiring decisions on Strategic Plan directives.
- A5. Leverage program dollars to maximize client services.
- A6. Continue to produce a biennial Community Health Status Report that tracks population health indicators.

- B1. Conduct research to identify disparities in achieving mental and physical wellness, specifically examining racial and ethnic groups and subgroups, gender, socioeconomic status, physical ability and age.
- B2. Maintain data on community health indicators by racial and ethnic groups and subgroups, gender, socioeconomic status, physical ability and age.
- B3. Prioritize services and target resources to populations with the poorest health indicators
- B4. Establish and maintain a “*promotora*” program for Latina women to educate their peers about chronic disease prevention

- C1. Assess disparities in access to services within HHSA.
- C2. Develop a plan to reduce barriers to access to services within HHSA, so that residents of any geographic region of Mendocino County can meet their varying service needs at one location near their homes (e.g., one-stop shop/integrated services centers in outlying areas).
- C3. Assure that all HHSA services and documents are available in Spanish and English.
- C4. Maintain data on utilization of services, including number of hospitalizations, counseling sessions, pursuing an education, etc. Maintain data by category such as race, ethnicity, gender, age, ability, etc.
- C5. Create training opportunities for Agency clients to build life skills and acquire higher education to become gainfully employed.
- C6. All Agency branches will engage in intensive outreach efforts to the homeless population and their family members.

- D1. Continue to support the work of Children’s Health Initiative to provide health care for all children 0-19 years of age.
- D2. Continue to support the work of Healthcare for All to provide adult health coverage.

- E1. Provide on-line public access to community health resources on the County website.
- E2. Develop systems for information management and sharing for efficiency of case management.

- F1. Gather data on other jurisdictions’ Healthy Communities programs.
- F2. Develop and submit a proposal for a Healthy Communities program tailored to the unique needs of Mendocino County, including possible funding sources.
- F3. Consider creation of a Data Analysis Unit or adding epidemiologists to program areas.

J1. Create a training/orientation system in all Agency branches that emphasizes the importance of preventive community health and mental health.

J2. Provide coaching, promotions, alternative continuing education, and school enrichment opportunities to current and potential staff.

K1. Advocate for and implement regular screening schedules throughout the county.

K1. Develop and implement health promotion strategies and campaigns focused on specific disease conditions.

K3. Coordinate with environmental organizations to educate communities about environmental triggers and lifestyle elements for prevention of asthma and other conditions.

K4. Participate in countywide collaboratives focused on prevention and community education for chronic diseases and injuries.

Healthy Lifestyles

Goal 2. Mendocino County residents have opportunities to eat healthy foods.

A. Support local food networks to increase consumption of locally grown foods.

B. Increase enrollment of those eligible for food assistance programs.

C. Develop education programs to assure that county residents are aware of the benefits of healthy foods, and know how to obtain and prepare them.

D. Collaborate with community groups to promote healthy diets and to ensure that all county residents have regular access to affordable fruits and vegetables.

E. Provide education for healthy diets at doctors' offices, clinics and human services agencies.

F. Promote employee wellness through workplace policies mandating choices for healthy worksite snacks, breastfeeding accommodations, etc.

G. Monitor and support school districts and other youth-oriented facilities in implementing nutrition standards and wellness policies.

H. Support programs that encourage mothers to breastfeed their infants exclusively for at least six months.

Action Steps

A1. Inventory location of stores that sell healthy vs. unhealthy foods by neighborhood and compare to surrounding income levels (implement Communities of Excellence).

A2. Inventory existing programs/resources for nutrition promotion and make the list widely available

A3. Increase access to and support for farmers' markets by supporting the establishment of farmers' markets in South Ukiah and other underserved areas.

A4. Educate staff and the public about the nutritional, social and economic benefits of buying produce from local producers.

A5. Support localization groups in linking local food producers with local consumers.

A6. Establish institutional buying preferences for fresh local produce.

B1. Increase accessibility of food assistance programs:

a. Increase the ability of the Social Services Branch to attract qualified bilingual staff

b. Conduct increased outreach, especially to Spanish-speakers and seniors

- c. Allow combined food assistance and health insurance or other program applications (expanded categorical eligibility).
- d. Conduct pre-applications in clinics and other outlying sites
- e. Accept mail-in applications for food assistance programs
- f. Make maximum use of exemptions from the face-to-face interview
- g. Eliminate finger imaging or provide imaging machines in outlying areas
- h. Support farmers markets in accepting Food Stamp EBT cards for produce
- i. Advocate to reduce red tape and simplify reporting
- j. Advocate to increase food assistance benefit levels
- k. Support all schools with significant numbers of low-income students to serve a healthy breakfast to all children every day
- l. Increase sites offering summer lunch and “back-pack” weekend food programs.
- m. Apply for and take advantage of all waivers available to reduce paperwork and increase enrollment.

C1. Establish a cooperative buying group and/or production cooperatives

C2. Create networks for food processing and distribution to institutions such as schools, hospitals, and child care centers etc.

C3. Support local, state and national policies to promote affordable access to healthy foods.

C4. Develop a social marketing campaign and ongoing community education regarding healthy lifestyles, including cooking classes, for schools, policy makers (planning commissions, school boards, city councils, etc.), food banks/soup kitchens, family centers, farmers’ markets, community gardens, recreation centers, etc.

D1. Engage in land use planning to develop policies to promote healthy food outlets and to discourage additional fast food and junk food outlets.

D2. Encourage food vendors, stores and restaurants to offer healthier choices, discount or prominently display healthy options, limit portion size and post calorie information.

D3. Advocate for increased MTA transit routes to grocery stores and farmers markets.

D4. Advocate for a Farm Bill that supports healthy foods instead of low-nutrition foods, promotes conservation and supports new, small and minority farms.

D5. Support existing children’s programs (Boys & Girls Club, city camps and activities, etc) in offering healthy snacks.

D6. Develop zoning standards for healthy community indicators such as community gardens and farmers’ markets.

D7. Expand the Environmental Health Division’s purview to promote healthy practices (eliminating trans fats, offering more fruits and vegetables, etc.) during food facility inspections.

D8. Add a Community Food Master Plan as an adjunct to the General Plan.

E1. Work with doctors, clinics and others to establish educational and treatment programs for childhood and adult obesity.

E2. Create or obtain brochures on healthy eating, train Agency staff and organizations on their use, and distribute throughout the county.

F1. Advocate for healthy lifestyle policies in businesses throughout the county.

F2. Assure that County offices provide healthy meal, beverage and snack options whenever food is provided.

F3. Ensure that the County offices provide accommodations for breastfeeding wherever possible.

G1. Support school districts and other youth-oriented facilities in providing healthy beverages & foods in cafeterias, vending machines and snack bars.

G2. Encourage all schools, licensed childcare sites and after school programs to establish guidelines for nutrition standards, quality physical activity and limits on television viewing.

G3. Support school districts and other youth-oriented facilities in eliminating the use of food as rewards or punishments, implementing “healthy party” policies, and replacing unhealthy food fundraisers with healthy alternatives.

G4. Encourage schools to advertise only healthy foods and beverages on school grounds.

G5. Assure that every child-serving facility has a functioning filtered drinking fountain.

H1. Support the work of the Loving Support Breastfeeding Program.

Goal 3. Mendocino County residents of all ages have opportunities to achieve and maintain an appropriate level of physical activity.

A. Support low cost or free physical activity programs throughout the county, including early morning, evening and weekend recreational activities, for all ages and abilities.

B. Provide education for increased physical activity for clients at doctors’ offices, clinics and human services agencies.

C. Promote employee wellness through workplace policies that include regular activity breaks, facilities such as showers, bikes and bike racks, and incentives for physical activity and public transit use.

D. Advocate for land use and development criteria that provide opportunities for physical activity, such as open spaces for recreation; compact, mixed-use development; designing to encourage residents to walk or bike safely to work, school, and shopping; designing to promote safety (e.g. SafeScapes); schools sited within population hubs, and street design standards that encourage slow, narrow streets, bike lanes and sidewalks.

E. Work with community groups to support programs that encourage county residents to engage in appropriate amounts of physical activity every day.

Action Steps

A1. Create a Sports Library of equipment that families can borrow

A2. Collaborate to establish a “Yellow Bike” program where free bikes are scattered throughout each town to be ridden from place to place.

A3. Encourage the establishment of a child’s decathlon (Olympic) event

B1. Provide technical assistance for health care providers or schools to assess children’s Body Mass Index and report it regularly to parents as a component of health assessments.

B2. Provide educational materials and tools for health care providers, Agency staff, businesses and community organizations to use with clients.

C1. Assure that Mendocino County promotes employee health through workplace policies that include regular activity breaks, facilities such as showers, bikes and bike racks, and incentives for physical activity and public transit use.

C2. Assure that county travel policy allows and promotes work done on foot or by bicycle.

C3. Develop a social marketing program to promote regular physical activity at workplaces.

D1. Assure that community health criteria and language are included in all major land use plans.

D2. Conduct Health Impact Assessments on proposed major development projects and plans.

D3. Support provision of public transit in major development projects and plans (transit users get more exercise than those who drive).

D4. Collaborate with trails groups to promote and construct more trails for walking, running, biking and equestrian use.

D5. Adopt Level of Service standards not just for motor vehicle traffic, but also for pedestrian, bicycle, public transit and wheelchair transport.

E1. Develop a social marketing program to encourage children, youth and adults to reduce their daily screen time and television watching and increase physical activity.

E2. Support First 5's TV Turn-Off efforts.

Community Vitality

Goal 5: All people living in Mendocino County are empowered to meet their basic needs, with special attention to the most disadvantaged members of the county. These basic needs include: affordable housing, living wage employment, immigrant rights, access to health care, opportunity to live a healthy lifestyle, and living in a safe, clean and healthy environment.

- A. Support a diversity of affordable housing options.
- B. Support sustainable and health-promoting policies in major land use and development projects.
- C. Support living wages for workers, and full employment for all who want to work.
- D. Empower Mendocino County residents toward self-sufficiency and property ownership.
- E. Support local economic development opportunities.
- F. Support programs to accord equal rights and dignity to all immigrants.
- G. Ensure that all workers enjoy safe and just working conditions including protection from exposure to pesticides and toxins.
- H. Support higher education and job training opportunities for county residents in all geographic areas.
- I. Decrease disparities in health and access to resources.
- J. Support programs to empower county residents to advocate for positive changes in conditions that affect their lives.
- K. Support programs that provide all county residents with a safe, clean, healthy environment.

Action Steps

- A1. Create opportunities for affordable housing for all clients of HHSA
- A2. Preserve existing stock of affordable housing.
- A3. Support the creation of a housing trust fund to accumulate monies to build and rehabilitate affordable housing units.

- B1. Support sustainable and healthy land use projects and policies in the county including:
 - i. Create a Range of Housing Opportunities and Choices
 - ii. Create Walkable Neighborhoods – sidewalks & bike paths/trails near every roadway
 - iii. Encourage Community and Stakeholder Collaboration
 - iv. Foster Distinctive, Attractive Communities with a Strong Sense of Place
 - v. Make Development Decisions Predictable, Fair and Cost Effective
 - vi. Mix Land Uses - encourage residential units in floors above ground floor retail or office uses, and locate residential, office, commercial and civic uses within walking distance of each other.
 - vii. Preserve Open Space, Farmland, Natural Beauty and Critical Environmental Areas
 - viii. Provide a Variety of Transportation Choices, including frequent, convenient public transit.
 - ix. Strengthen and Direct Development Towards Existing Communities
 - x. Take Advantage of Compact Building Design
 - xi. Conduct Health Impact Assessments for major plans and projects
 - xii. Conduct Economic Impact Assessments for major plans and projects
 - xiii. Seek opportunities to minimize parking requirements to make development more affordable, pedestrian-friendly and environmentally sound.
- B2. Increase universal design amenities in major development projects and plans.
- B3. Support the Planning Team in creation of an information pamphlet promoting universal design in new and renovated housing, as called for in the 2004 Housing Element of the Mendocino County General Plan.
- B4. Implement checklists of public health principles for healthy land use development.
- B5. Assure that community health criteria and language are included in all major land use plans.
- B6. Include a paragraph in the developer's application packet that lets them know that Mendocino County cares about the health of its residents and wants developers to carefully consider the possible health consequences of their plans.
- B7. Create a seat for a public health professional boards and committees such as Mendocino Council of Governments (MCOG), Technical or Community Advisory Committees.
- B8. Seek Board of Supervisors or City Council Resolutions recognizing the effects of planning decisions on the health of the public, and directing Planning Departments and the Public Health Branch to work together.

- C1. Support living wage efforts.

- D1. Support barter/in-kind networks/community currency

E1. Support development of green and small businesses, cottage industries or home businesses, economic supports for new farmers, produce stands and food processing operations.

E2. Support and educate the public about the benefits of buying from local independent merchants whenever possible.

G1. Develop programs to protect workers from exposure to pesticides and toxins.

H1. Support adequate childcare facilities.

H2. Provide higher education opportunities for clients of HHSA, i.e., Nuestra Casa's effort to train Latino human service workers, and KIDS Accounts (when baby is born the community funds an account held for college with academic performance incentives, or for 1st home purchase or retirement)

H3. Promote Job Training through program in high schools, ROP, adult education, internships, Mendocino College and training and internships for CalWorks participants.

I1. Increase access to public assistance programs (WIC, food stamps, GA, health programs, etc.)

J1. Train HHSA staff to make programs client-centered, asset-based, and to incorporate a community organizing model in addition to providing direct services.

K1. Implement and expand the Mendocino County Precautionary Policy, which promotes participatory decision-making to prevent harm to human health and the environment.

The above goals, objectives and action steps were jointly created in collaboration with community partners, other agencies and nonprofit organizations. It is understood by all that the Agency alone cannot accomplish these goals, that their implementation has a long time horizon, and will entail cooperation among all the entities with whom we have worked in the past, detailed in pages 3-4 of this document.

The PHB-coordinated Nutrition & Activity Collaborative brings together organizations and individuals working to prevent obesity from diverse perspectives including trail building, cancer prevention, school health and physical activity, pre-school nutrition, BMI screening, garden formation, built environment work and more. This extended network of over 65 people will be allies and champions in carrying out Strategic Plan goals, as will partners of our sister Mental Health and Social Services Branches.

Financial Considerations

Key to achieving our goals will be establishing a Chronic Disease and Injury Prevention Unit, and creating a position for leadership of the unit. We have taken steps on the path towards creation of this unit, by analyzing the funding streams, FTEs, scopes of work and degree of flexibility of all programs in the PHB that have a health education component. The next step is to examine funding sources for programs in Social Services and Mental Health, with whom we have joined as an Agency, so that we can best combine services and leverage funds to efficiently accomplish all of our goals. Our Agency leadership team has been consulting with Phil Crandall, Director of Humboldt County HHS Agency on how to maximize programs and leverage funds throughout all three branches. We have already had success in extending funding for the CalKids children's health insurance program by transferring employees to the Social

Services Branch to draw down federal funding. We are seeking other areas in which to repeat this process.

However, we cannot accomplish our objectives simply by working smarter and more efficiently; we will need additional sources of funding. We are partnering with schools through the Network for a Healthy California, are applying for grants with the Asthma Coalition and will continue to collaborate with our community partners and seek grant funding as members of the Nutrition & Activity Collaborative. We have written two successful mini-grant proposals for work on the built environment. The 2008 built environment grant scope of work includes several of the goals and action steps above.

Long term, we intend to continue advocacy for county general fund contributions to a Healthy Communities Program, and will support and advocate for statewide initiatives or programs providing more flexible funding for chronic disease prevention activities. In the mean time, we continue to help community-based organizations obtain grants for related activities, and provide them with small grants. The PHB distributes \$94,000 yearly in grants of about \$10,000 each from the tobacco settlement for projects that address community health in the areas of alcohol and drug prevention, healthy aging, access to care, physical activity and nutrition promotion, and parenting.

Measures of Success

The following measurable indicators are part of the Strategic Plan, and include ways to assess progress on process, impact, and outcome objectives.

Community Health Infrastructure

- A Healthy Communities chronic disease prevention/community health promotion or similar unit or division that leverages funds to provide new services exists by 2010.
- A “*promotora*” program for Latina peer health promotion has been established by 2010.
- Community Health Status Reports have been produced in 2008 and 2010 and have enlarged to include Community Health indicators.
- By 2010, data on community health indicators are maintained by racial and ethnic groups and subgroups, gender, socioeconomic status, physical ability and age.
- By 2010, at least one additional wellness program is functioning in an outlying area of the county.
- By 2010, community partners and stakeholders have been involved in the implementation of this Plan, and have been interviewed regarding its progress.
- By 2010, evaluation findings regarding Strategic Plan implementation have been shared with community partners and stakeholders.

Healthy Lifestyles

- By 2010, at least 58% of Mendocino County adults will consume at least five servings of fruits and vegetables daily. (Baseline: 57.5% Source: CHIS, 2005)
- By 2010, the percentage of eligible residents enrolled in the Food Stamp program will be at least 47% (Baseline: 45% Source: US Dept. of Agriculture Food & Nutrition Service. California Food Policy Advocates. 2006.)
- By 2010 the percentage of children age 5 to 19 who are overweight or obese (BMI>85%) will not rise above 41% (Baseline: 39.7%. Source: 2002 Pediatric Nutrition Surveillance System)

- By 2010, the rate of low-income adults unable to afford enough food will drop to 18% (Baseline: 18.4%. Source: CHIS 2005)
- By 2010, mothers enrolled in breastfeeding feeding program and breastfeeding for 6 months or more has increased by 20% (Baseline: 21%. Source: Mendocino County MCAH & WIC programs, 2007)
- By 2010, the Public Health Branch has a formal role in preparation of land use plans and provides comments on major development plans and projects.
- By 2010, the percentage of 5th grade students in Mendocino County achieving fitness standards in all six areas of the FITNESSGRAM will be at least 25%. The percentage of 7th grade students achieving fitness standards in all six areas will be at least 36%. The percentage of 9th grade students achieving fitness standards in all six areas will be at least 27%. (Baseline: 23.8% of 5th graders, 35.1% of 7th graders, and 26.1 of 9th graders achieved fitness standards in all six areas in the 2005-2006 school year. Source: California Dept. of Education 2005-06 California Physical Fitness Report.)
- By 2010, the percentage of Mendocino County adults who report walking for transportation, exercise or fun will increase to 80% (Baseline: 78.8%. Source: CHIS, 2005)
- By 2010 the percentage of Mendocino County adults who are overweight or obese will not rise above 59% (Baseline: 55.9% BMI>25. Source: CHIS, 2005)
- By 2010 the percentage of children age 3-18 that watch 2 hours or less of TV on weekdays will increase to 85% (Baseline: 80.4%. Source: CHIS, 2005)

Community Vitality

- By 2010, Mendocino has zoned land for new units of affordable housing for low-income or very low-income residents. (Baseline: __. Source: Mendocino County Housing Element)
- By 2010, at least 10 miles of new bike paths/trails will be added to existing or new roadways in the county (Source: County Dept. of Transportation)
- By 2010, at least 5 miles of new walking/running paths/trails will be constructed in Mendocino County (Source: Ukiah Valley Trails Group)
- By 2010, at least one new program will be in place to provide adults increased access to affordable comprehensive health care (Source: Health Insurance for All, Mendocino)
- By 2010, at least one new job training program will be established (Source: Economic Development and Finance Corporation of Mendocino County)
- By 2010, an assessment of what constitutes a living wage in Mendocino County will be complete. It will also assess the number of employers paying a living wage or above, and the percentage of workers in the county earning a living wage.

In the next several months, we will add a timeline to the Plan to prioritize objectives and action steps for the next two years. We consider it imperative to include big-picture long-term goals if we are ever to achieve real reductions in chronic disease morbidity and mortality, and improvements in quality of life. However, we also recognize that to make progress, we must prioritize those objectives and action steps on which it is feasible to make concrete advances in the life of the current Plan. The timeline will facilitate working on feasible goals for the short term, without losing the long-term vision that is the reason for our work.

Long-term outcome measures were not included in the present draft of the Plan, but include improvements in community health indicators such as rates of diabetes, heart disease, cancer and quality of life (see Logic Model at end of narrative).

As a tool to help measure changes in social equity and root causes of poor health, we hope to obtain and adapt the Social Determinants of Health Equity Index (SDHEI) from the Connecticut Association of Directors of Health that helped develop it and is currently pilot testing the tool. The SDHEI assesses disparities by examining changes in nine indicator areas: urban environment/sanitation; nutrition/lifestyle; natural environment political access and power; social cohesion; stress; community organization; work environment; and public transit. It asks who is most affected by inequities, and how they are affected in terms of health outcomes (Salsbury, Kertanis, Carroll and O'Keefe, 2006).

By 2010, we will conduct another series of interviews of community partners, similar to the 30 conducted in 2006-7. These interviews will gauge the partners' satisfaction with progress on the Strategic Plan goals, with the degree of voice they have shared in initiatives, and will elicit their comments on the relationship between program initiatives and community outcomes.

Results from 2010 measures of success will be incorporated into the succeeding draft of the Strategic Plan, which will set new priority objectives for the 2010-2015 time period, in addition to refining overall goals based on lessons learned.

Progress Made as a Result of TCE Funding During 2007

TCE funding made possible significant work on the Community Health area of the Agency Strategic Plan. Without the TCE mandate, the Plan may not have had a focus on physical activity and nutrition, and may have partially reiterated the same goals and objectives contained in previously existing plans of the three branches. TCE funding allowed the time to invite community-based organizations to the table to craft the Plan.

TCE-sponsored meetings and trainings, and the funding to disseminate learnings to the Obesity Prevention Team throughout the Agency have been indispensable to raising consciousness of the need to: address equity and disparities; take action to move beyond program silos to prevent chronic disease; focus on social determinants of health; improve our data collection capacities; work on the policy level; and advance policies around the built environment. These venues have also supplied the Obesity Prevention Team with valuable tools for discussion and action, models of success stories, and supporting documents. TCE support has also facilitated greater involvement in the California Conference of Local Health Officers' Chronic Disease Prevention Committee.

With TCE funding, staff from PHB worked with Willits Action Group and American Cancer Society to help farmers' market managers institute systems to allow Food Stamp recipients to use their EBT cards to buy produce.

A coalition of community groups, including PHB, has joined the Willits Action Group and Willits Economic Localization to plan for the creation of a local food system in the Willits area, to encourage local production and consumption of healthy foods as a means of achieving economic independence, building community and promoting food security. PHB staff also participates in a similar incipient group in Ukiah, as well as a countywide local food network.

In addition to raising awareness, enhancing collaboration, facilitating systems thinking, and supporting the drafting of the Community Health Strategic Plan, TCE funds have supported the following activities to advance public health considerations in the built environment:

- Organizing an October 20th conference entitled “Our Healthy Community: Planning, Designing & Building for Health” in collaboration with the Willits Department of Community Development and local community-based organizations, with a keynote address by Dr. Richard Jackson
- Drafting a white paper containing suggested health language for the Mendocino County General Plan update
- Consulting with City of Ukiah on pedestrian/bike plan update
- Giving “Building Healthy Communities” presentations for community groups and decision-making bodies
- Acting as a resource on trails, paths and the built environment for individuals and community groups
- Writing a successful \$10,000 grant proposal to the CA Department of Public Health’s Center for Physical Activity for built environment work.

Part B

Statewide Collective Action for Chronic Disease Prevention

We have recently stepped up our attendance and participation in the CCLHO Chronic Disease Prevention committee, and two staff including the PHB Director attended the January 2008 conference on forming chronic disease prevention units.

The PHB Director envisions the creation of a Prevention Division to include chronic disease prevention, health education, and disaster preparedness. The Division would be staffed with a Senior Prevention Services Coordinator and an epidemiologist to begin with, followed by a couple of health educators to implement programs suggested in the Strategic Plan once a foundation of data is collected. Health Education funds and positions from direct service programs and other categorical programs such as tobacco would be combined in order to best leverage funding to focus on population health and prevention. We’re not expecting dedicated funding from the State anytime soon. Instead, we will seek grants and leverage existing categorical and realignment dollars, and refine our structure to be well positioned when State funding does become available sometime in the future.

The PHB Director will continue to attend in person or by phone to meetings of the California Conference of Local Health Officers (CCLHO) Chronic Disease Committee, as will other prevention staff (Prevention Services Coordinator, Public Health Analyst, and Nursing Director). The Public Health Officer will support CCLHO’s legislative agenda and increase his participation in the Chronic Disease Committee.

The PHB supports CCLHO in its legislative advocacy on a wide spectrum of bills, and particularly in advocating for dedicated funding for chronic disease prevention. We urge pressure on the legislature and state staff to ensure that infrastructure bonds and other funding streams prioritize healthy communities, especially within underserved sectors.

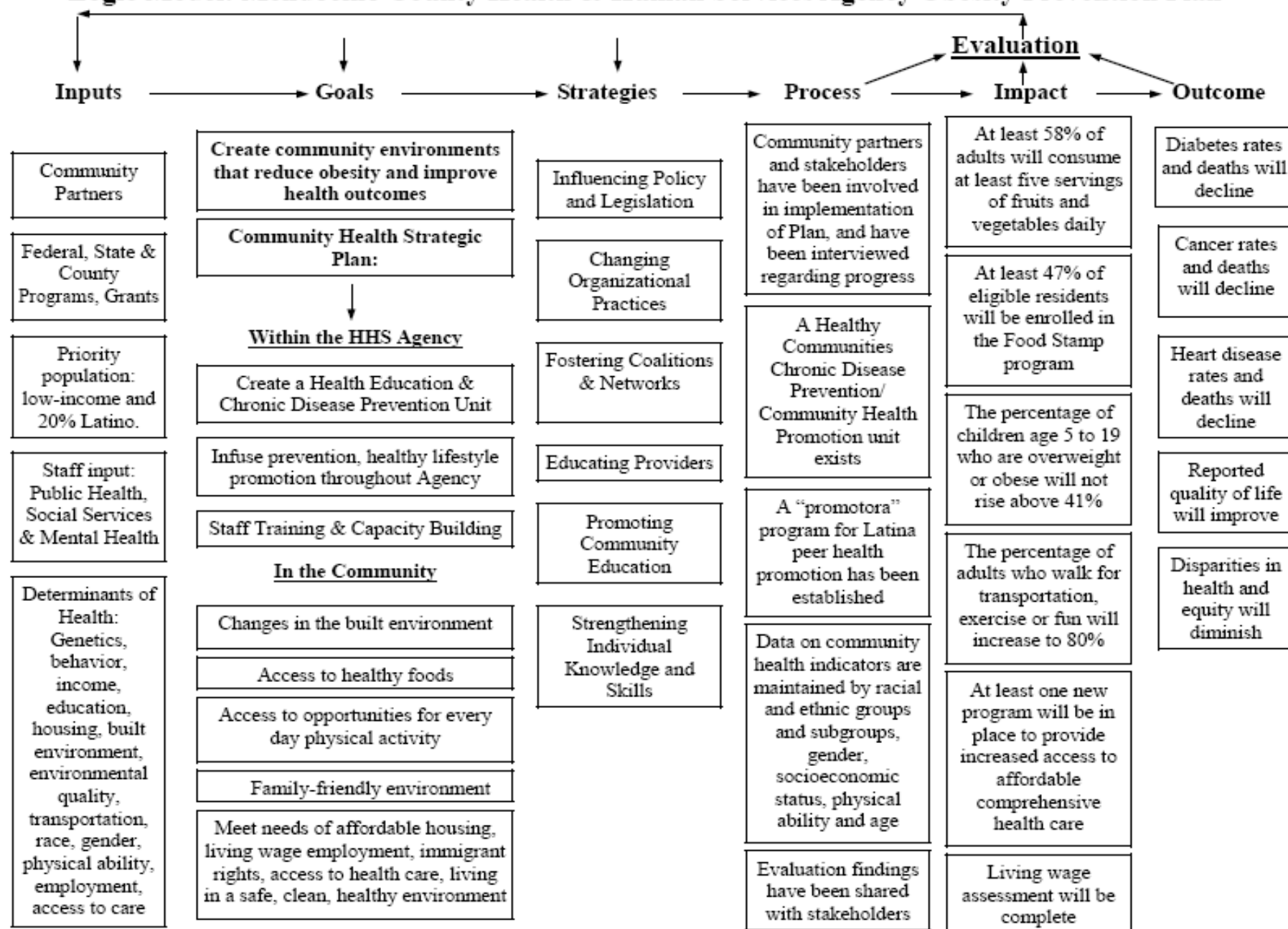
We hope that the State DPH takes on more high profile leadership in creating a local mandate for chronic disease prevention units and built environment work, with a regular stream of state funding. We would like to see a template for chronic disease unit structure and staffing, sample job descriptions for new categories of positions, training and professional development programs, and sample tools for publicizing the need for such units and for focusing on disparity reduction. DPH could conduct skills training and technical assistance, especially for smaller

counties. DPH could coordinate disparate efforts of local public health agencies across the state in developing chronic disease prevention. DPH could work with universities to set up new innovative programs such as hybrid master's programs in both public health and planning, or shorter programs to train staff on the public health model and health impact assessments. DPH could provide leadership in creative funding arrangements to support current health department staff in attending these programs on paid time or with partial tuition reimbursement.

Our Public Health Branch needs access to or support in creating data management systems that report and tabulate chronic disease data at the sub-county and sub-population level. DPH could require that hospitals and clinical care settings collect appropriate data and share it with health departments. We need training and equipment to develop or creatively share expertise in GIS mapping. We need support, technology and data to carry out health impact assessments on plans and projects.

We commit to supporting the above proposals through CCLHO or at the state level, and will continue to implement our Obesity Prevention Plan and Community Health Strategic Plan to the best of our ability using the resources at hand, in order to reduce negative health sequelae from the obesity epidemic, and reduce inequities in health status among disadvantaged groups in our low-income community.

Logic Model: Mendocino County Health & Human Services Agency Obesity Prevention Plan



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